

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT application of:

Applicant: Robert Graham Urie
Application No: 10/597,893
Filing Date: May 20, 2008
Title: CATHETER WIRE GUIDE
Examiner: Emily M. Lloyd
Art Unit: 3736
Docket No. EPCLP0122US

REQUEST FOR CONTINUED EXAMINATION (RCE)

MS RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. (Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.)

1. Submission required under 37 CFR 1.114

- a. ☒ Previously submitted
 - i. ☒ Consider the amendment(s)/reply under 37 CFR 1.116 previously mailed or filed on July 7, 2011. (Any unentered amendment(s) referred to above will be entered).
 - ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on <>.
 - iii. ☐ Other:
- b. ☐ Enclosed
 - i. ☐ Amendment/Reply
 - ii. ☐ Affidavit(s)/Declaration(s)
 - iii. ☐ Information Disclosure Statement
 - iv. ☐ Other:

2. Miscellaneous

- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of ☐ one ☐ two ☐ three months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
- b. ☐ Other:

3. Fees (The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.)

- a. ☐ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No 18-0988 (under the above-shown Docket No.)

- i. ☐ RCE fee required under 37 CFR 1.17(e)
- ii. ☐ Other:
- b. ☐ Enclosed is a check in the amount of \$ <> .
- c. ☒ Payment by credit card.
- d. ☒ The Director is hereby authorized to charge any deficiency or credit any overpayment to Deposit Account No 18-0988 (under the above-shown Docket No.)

Respectfully submitted,

RENNER, OTTO, BOISSELLE & SKLAR, LLP

/Don W. Bulson/

By _____
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